

**BEFORE THE INDIANA
COMMISSIONER OF INSURANCE**

Richard Jay Bostic,

Producer / Respondent

3042 29th Street

Columbus, Indiana 47203

Type of Agency Action: Enforcement

FILED
OCT 14 2009
STATE OF INDIANA
DEPT. OF INSURANCE

FINAL ORDER AND APPROVAL

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED by the Commissioner of Insurance:

1. Respondent's Indiana resident producer's license, number 533633, is Permanently Revoked, effective immediately.

ALL OF WHICH IS ORDERED this 14th day of October, 2009.



Carol Cutter, Commissioner
Indiana Department of Insurance

Distribution:

Nikolas P. Mann
INDIANA DEPARTMENT OF INSURANCE
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787

Richard Jay Bostic
3042 29th Street
Columbus, Indiana 47203

**BEFORE THE INDIANA
COMMISSIONER OF INSURANCE
CAUSE NO: 7694-AG09-0715-172**

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STATE OF INDIANA
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This Agreed Entry is entered into by Nikolas P. Mann, attorney for and on behalf of the State of Indiana, Department of Insurance (“Department”), and Richard Jay Bostic (“Respondent”), a licensed Indiana resident insurance producer holding license number 533633, to resolve all matters under Cause Number 7694-AG09-0715-172. This Agreed Entry is subject to the review and approval of Carol Cutter, Commissioner, Indiana Department of Insurance.

WHEREAS, on July 7, 2009, a formal notice of cancelation of contract for cause was received by the Department from Keisha Weeks, the Market Conduct/Regulatory Compliance Director for AFLAC Insurance Company, alleging that Respondent knowingly forged applicants' signatures on mandatory documents, established unqualified business, and refused to cooperate with their fraud investigation; AFLAC policy holder

Jeffery Hootman complained that he had purchased a hospital confinement policy from Respondent with an effective date of February 1, 2008. Mr. Hootman submitted a claim for hospitalization beginning on February 26, 2008 and then learned that the copy of the statement of understanding stated that the effective date was March 1, 2008 and the signature on the form was not his; and

WHEREAS, AFLAC investigator Chad Bohannon learned that twenty-eight (28) policies were written on the Bostic Family Insurance Agency. All of the addresses for the policies were Respondent's and were found to be family members; and

WHEREAS, Respondent resigned from AFLAC and did not respond to correspondence sent to him by AFLAC. The U.S. Postal Service receipt showed that Respondent received AFLAC's letter. U.S. Postal Service receipts also show that Respondent's mother received and signed for two (2) certified letters sent to Respondent by the Department investigator, two recorded telephone messages were left on Respondent's mother's telephone, and recorded messages were left on two of the Respondent's relative's telephones, all with negative results; and

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without a hearing; and

WHEREAS, Respondent is no longer working in the insurance field and is not utilizing his insurance license. Further, Respondent does not wish to retain or seek, now or in the future, his license to sell insurance in the State of Indiana; and

WHEREAS, by entering into this Agreed Entry the Respondent makes no admissions to committing any illegal or wrongful act, but is doing so in an effort put to this matter to rest and move on with his life.

IT IS, THEREFORE, NOW AGREED by and between the parties as follows:

1. The Commissioner has jurisdiction over the subject matter and Respondent in this administrative action.
2. This Agreed Entry is executed voluntarily by the parties.
3. Respondent voluntarily and freely waives his right to a public hearing on the issues in this action.
4. Respondent's agrees that the Department could make a prima facie case that his failure to procure timely insurance coverage for his clients and forging the client's name on the statement of understanding, as alleged herein, which actions could be considered to be the use of fraudulent, coercive, or dishonest practices, and demonstrates incompetence and untrustworthiness in the conduct of business, and could be considered cause for disciplinary action in accordance with Indiana Code 27-1-15.6-12(b)(8).
5. Respondent agrees that the Department could make a prima facie case that his act of writing the client's name on the statement of understanding, a document related to an insurance transaction, as alleged herein, which actions could be considered to be forgery, and could be considered cause for disciplinary action in accordance with Indiana Code 27-1-15.6-12(b)(10).
6. Respondent agrees that the Department could make a prima facie case that his acts of writing twenty-eight (28) policies on family members, as alleged herein, which actions could be considered to be controlled business, and could be cause for disciplinary action in accordance with Indiana Code 27-1-15.6-12(j)(1)(B).

7. Respondent agrees to the permanent revocation of his Indiana resident insurance producer license number 533633.
8. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full and final resolution of this matter.
9. Respondent has carefully read this agreement and fully understands and accepts its terms.

10/9/09
Date Signed

Nikolas P. Mann
Nikolas P. Mann, Attorney
Indiana Department of Insurance

10/6/09
Date Signed

Richard Jay Bostic
Richard Jay Bostic, Respondent

STATE OF INDIANA)
) SS:
COUNTY OF Bartholomew)

Before me a Notary Public for Decatur County, State of Indiana, personally appeared Richard Jay Bostic and being first duly sworn by me upon his oath, states that the facts alleged in the foregoing instrument are true. Signed and sealed this 6th day of October, 2009.

Elizabeth K. Fuchs
Notary Signature

Elizabeth K. Fuchs
Notary Name Printed

My Commission expires: 04/08/2016

County of Residence: Decatur

INDIANA DEPARTMENT OF INSURANCE
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